PTO/SB/30 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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## Request for Continued Examination (RCE) **Transmittal**

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

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Application Number	10/786,710-Conf. #3651			
Filing Date	February 24, 2004			
First Named Inventor	Mark L. NELSON			
Art Unit	1626			
Examiner Name	R. H. Havlin			
Attorney Docket Number	PAZ-025CPCNRCE2			

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

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Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
ii. Other							
b. x Enclosed			_				
i. X Amendment/Reply iii. Information	Disclosu	re Stateme	nt (IDS)				
ii. Affidavit(s)/Declaration(s) iv. Other							
2. Miscellaneous							
a. Suspension of action on the above-identified application is requ	iested ui	nder 37 CF	R 1.103(c) for a				
period of months. (Period of suspension shall not exc	ceed 3 mo	onths; Fee ur	nder 37 CFR 1.17(i) required)				
b. Other			'				
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 v	hen the	RCE is filed					
a. X The Director is hereby authorized to charge the following fees, overpayments to Deposit Account No. 12-0080 . I have							
i. X RCE fee required under 37 CFR 1.17(e)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
11/02/2007 SZEWDIE1 00000030 120080 10786710							
ii. Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:1801 810.00 DA							
iii Other							
b. Check in the amount of \$ enclosed							
c. Payment by credit card (Form PTO-2038 enclosed)							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Signature	Date	T	30, 2007				
Name (Print/Type) Cynthia M. Soroos	Registr	ation No.	53,623				
•							

Express Mail Label No. EM 066 423 234 US. Dated: October 30, 2007

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

FEE TRANSWITTAL FOR FY 2008  Application Number First Name Application Number First Name Application Number First Name R. H. Haviin Application FeAVMENT (s) 810.00 Attomey Docket No. PAZ-025CPCNRCE2  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify) Check Credit Card Money Order None Other (please identify) Check Credit Card Other Second Number To rhe above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filing fee To charge fee(s) indicated below, except for the filin	Number the Paperwork Reduction Act of 1995, no person are required to h		Complete if Known							
FEE TRANSMITTAL For FY 2008    Filting Date   February 24, 2004										
FIGH FY 2008    First Named Inventor   Mark L. NELSON   Examiner Name   R. H. Havlin   Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1628										
Applicant claims small entity status. See 37 CFR 1.27  Art Unit 1626  TOTAL AMOUNT OF PAYMENT (s) 810.00 Attomey Docket No. PAZ-025CPCNRCE2  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  X Charge any additional fee(s) or underpayments of ree(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING SERS  FILING FEES  SEARCH FEES  FOR 13 Fee (3) Fe					ON					
METHOD OF PAYMENT (check all that apply)	For FY 20									
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity state	Art Unit 1626								
Check	TOTAL AMOUNT OF PAYMENT	(\$) 810.00	Attomey Docket No.	PAZ-025CPCN	IRCE2					
X   Deposit Account   Deposit Account Number:   12-0080   Deposit Account Name:   Lahive & Cockfield, LLP	METHOD OF PAYMENT (check	all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee	Check Credit Card									
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	X Deposit Account Deposit Account	Number: 12-0080	Deposit Account	Name: Lahive &	Cockfield, LLP					
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments	For the above-identified depo	sit account, the Director is	s hereby authorized to: (	check all that apply)						
The control of the	x Charge fee(s) indicated	l below	Charge fee(s	s) indicated below, ex	cept for the filing fee					
BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   Small Entity   Fee (\$)   Fee (\$)			of X Credit any or	verpayments						
Filling Fee (\$)										
Name	1. BASIC FILING, SEARCH, AND E	XAMINATION FEES								
Application Type	FI									
Design   210   105   100   50   130   65	Application Type Fee (\$				Fees Paid (\$)					
Plant		155 510	255 21	0 105						
Reissue	Design 210	105 100	50 13	65						
Provisional   210   105   0   0   0   0	Plant 210	105 310	155 16	80						
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  100 - 108	Reissue 310	155 510	255 62	20 310						
Fee (\$) Fee (\$)  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  100 - 108	Provisional 210	105 0	0	0 0						
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  100  - 108  Extra Claims  Total Claims  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  6  - 6=  - 8  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)										
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  100 -108	1	uas)								
Multiple dependent claims  Total Claims 100 -108	•	•								
Total Claims  100 -108		ading iterocuso)								
HP = highest number of total claims paid for, if greater than 20.   Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)	· ·	Fee (\$) Fee	Paid (\$)	Multiple Depende						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  6 -6 =	100 -108									
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late fiting surcharge): 1801 Request for continued examination (RCE) (see 37  Registration No.  (Attomey/Agent)  Submitted BY  Signature  Registration No.  (Attomey/Agent)  Fit elephone  (617) 994-0858	HP = highest number of total claims paid for	, if greater than 20.								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  - 100 =			Paid (\$)							
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
- 100 =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY Signature Registration No. (Attomey/Agent) 53,623 Telephone (617) 994-0858										
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Signature  Registration No. (Attomey/Agent) 53,623 Telephone (617) 994-0858	4. OTHER FEE(S) Fees Paid (\$)									
SUBMITTED BY Signature Registration No. (Attorney/Agent) 53,623 Telephone (617) 994-0858										
Signature Registration No. (Attorney/Agent) 53,623 Telephone (617) 994-0858										
(Signature (S17) 994-0838		TIME XXX		S22 Tolonbono	(617) 004 0959					
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Name (Print/Type) Cyntha Ny. Soroos Date October 30, 2007	Name (Print/Type) Cynthia N. Soroc	os		Date	October 30, 2007					